

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18418

State File No.

Registrar's No.

FILED MAY 18 1948
Registration District No.

Primary Registration District No. 3044

1. PLACE OF DEATH:

(a) County Miller
(b) City or town ELDON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
311 E. 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME John-Wesley-Brown

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mattilda Ellen Brown 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug. 16 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 23 - hr. - min.

9. Birthplace Miller Co. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer -

11. Industry or business Laborer -

12. Name J. Amos Brown
13. Birthplace Miller Co. Mo. U
(City, town, or county) (State or foreign country)
14. Maiden name Margaret E. Vaughan
15. Birthplace Miller Co. Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. W. Brown

(b) Address Eldon Mo.

17. (a) Burial (b) Date thereof 4-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cem.

18. (a) Signature of funeral director Rich M. Page

(b) Address Eldon Mo.

19. (a) 4-10-43 (b) J. W. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town ELDON
(If outside city or town limits, write "RURAL")
(d) Street No. 311 E 6th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 8-29
1942, 19 4 to 4/9, 19 43
that I last saw him alive on 4/8/43
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Sudden
Duration

Due to Myocarditis
Due to ?

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations ?

Of autopsy ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature E. D. Walker (M. D. or other) M.D.
Address Eldon Mo. Date signed 4-10-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

Miller County Health Dep't.

County File Number 43-36

Date Filed 5-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Leith M. Kaye

Licensed Embalmer No.

3998

P. O. Address

Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.